

# MaineDOT

### CONSULTANT CONTRACT STANDARD INVOICE

# Regional - Negotiated Rates - WITH Sub Consultants

# WORKBOOK GUIDE

(Microsoft Excel 2002)

# EACH INVOICE SUBMITTED MUST:

- 1. CONTAIN DATA FOR ONE CONTRACT ONLY, INCLUDING MULTI-PIN DETAIL AS APPROPRIATE.
- 2. CONTAIN A "CONSULTANT INVOICE NUMBER" THAT IS UNIQUE TO THAT FIRM AND CONTRACT WITH NO MORE THAN 12 CHARACTER FIELDS USED (including punctuation and spaces).
- 3. INCLUDE THE SAME SUPPORTING INFORMATION ATTACHED TO THE INVOICE AS IN THE PAST.
- 1) Do not try to enter data into blue colored cells, they are filled by formula, or by link from another cell in the workbook. Yellow and pink colored cells are for data entry. Yellow cells should only require data entry with the first invoice for a contract; pink cells will need review and possibly update with each invoice submitted.
- 2) Sheet 2 of 3, top right side, "Final Invoice?", must indicate either "yes" or "no" and should not be left blank. This not only aids processing, but also provides critical data for formulas and cells on other sheets.
- 3) The MaineDOT PIN field is preformatted to produce an 8 digit number in decimal format. Do not enter a decimal point. The last 2 digits entered must be the 2 digits to the right of the decimal (even zeros), but no decimal should be shown. Do not enter leading zeros.
- 4) The payment address can be entered directly on Sheet 1 if it is different than the firm address entered on the Main Data Entry form.
- 5) Comment boxes have been added to a number of data entry fields to help clarify input intentions, or identify specific needs in those cells.
- 6) Function and Activity coding for PIN lines on Sheet 3 of 3 is not mandatory to submit a completed invoice, but should be entered if known, especially for multiPIN projects.
- 7) Regional "Invoice Detail" sheets have been added to this workbook to allow for sign-off by Regional Managers, as well as roll up into a "(SUM)2of3InvoiceDetail" sheet in a "master" invoice. Individual sheets can be shared electronically and printed for local signature.

Sheet 1 of 4  REGIONAL Negotiated  Burdened Rates  (WITH SUB CONSULTANTS)	Transporta	Maine Department of tion Building 16 Stat Augusta, Maine 0433: **In Account With	te House Station 3-0016		Internal Use Only  P.V. #:  ENC/UENC #:  CSN #:  Vendor/Customer #:  TEDOCS #:  Doc. Date:  Doc. Type:  OUC:  Author:		
		Street (PO Box) Town, State ZIP		<=Firm Name <=Payment mailing address			
	V	endor/Customer # =>					
Consultant Invoice Number: Invoice Period: State Contract Number: Project Contract Award Date: Project Contract Completion Date:				Invoice Date:  Consultant Project #:     MaineDOT PIN:     Federal Project #:     Project Name:			
I hereby certify that the signature below is true a intended to have the same force as a manual signand (d) is under the sole control of myself. Initial	gnature, (b) is unique to myself, (		ı				
Signed: Please Type: <b>Name,</b>	Title	Amount Invoiced This Period	Total Amount Previously Invoiced	Cumulative Amount Invoiced To Date	Contract Amounts	Contract Balance	
	Straight Time/Work = Overtime = Sub-Total =						
	Direct Expenses =						
Subconsultant Summary:	DBE/WBE => yes/no						
Sub	-Total: Subconsultants =						
	Total Invoice Amounts =						
TOTAL AMOUNT DUE T	HIS INVOICE						
	00.000		D				
	Program/Project Manager performed as specified)	Date	Reviewed by:	MaineDOT Contract Specialist Date (Cleared for processing)			

#### **Maine Department of Transportation** (SUM) Sheet 2 of 4 Consultant Standard Invoice Detail Contract Information Final Invoice ? YES/NO => => State Contract # Company Information MaineDOT Contract Sequence # (CSN) Firm Name Consultant Project # Name Street (PO Box) Award Date (mm/dd/yy) Consultant Project #: Address Completion Date (mm/dd/yy) Town, State ZIP MaineDOT PIN: Vendor/Customer # **Contract Total Straight Time \$** VC0000000000 or VS0000000000 Federal Project #: **Contract Total Overtime \$** Firm Is DBE/WBE (yes/no) Project Title/Location: **Contract Total Expenses \$** COMMENTS: Invoice Information Invoice Date (mm/dd/yy) Consultant Invoice # Invoice Start Date (mm/dd/yy) Invoice End Date (mm/dd/yy) **Previously Invoiced Straight Time \$ Previously Invoiced Overtime \$ Previously Invoiced Expenses \$** Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => Straight Time Straight/OT MaineDOT Overtime Mileage Postage Phone Direct Total Individual - NAME, Title Work Work Total Travel Delivery Other FAX Expense Total THIS INVOICE PIN Rate **Amount** Rate **Amount** Rate Amount <u>Unit</u> **Amount** Printing <u>Unit</u> 000000.00 0.0000 0.000 0.0000 0.000 Name 1, Title 1 Name 2, Title 2 Name 3, Title 3 INVOICE TOTALS =

(Includes Regional Sheets if used)

#### **Maine Department of Transportation** (Region 1) Sheet 2 Consultant Standard Invoice Detail - Region 1 Contract Information Final Invoice ? YES/NO => => State Contract # MaineDOT Contract Sequence # (CSN) Company Information Consultant Project # Firm Name Award Date (mm/dd/yy) Consultant Project #: Address MaineDOT PIN: Completion Date (mm/dd/yy) **Contract Total Straight Time \$** Vendor/Customer # Federal Project #: Firm Is DBE/WBE (yes/no) **Contract Total Overtime \$** Project Title/Location: **Contract Total Expenses \$** (Work performed as specified) **Invoice Information** Invoice Date (mm/dd/yy) Consultant Invoice # Date MaineDOT Manager - Region 1 Invoice Start Date (mm/dd/yy) Invoice End Date (mm/dd/yy) COMMENTS: Previously Invoiced Straight Time \$ **Previously Invoiced Overtime \$ Previously Invoiced Total \$** Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => MaineDOT Straight Time Overtime Straight/OT Mileage Postage Phone Direct Total Individual - NAME, Title Work Total Travel Delivery Other Work FAX Expense Total THIS INVOICE PIN Rate **Amount** Rate **Amount** Rate Amount <u>Unit</u> <u>Unit</u> **Amount** Printing Name 1, Title 1 00.00000 0.000 0.0000 0.000 0.0000 Name 2, Title 2 Name 3, Title 3 Totals =

#### **Maine Department of Transportation** (Region 2) Sheet 2 Consultant Standard Invoice Detail - Region 2 Contract Information Final Invoice ? YES/NO => => State Contract # MaineDOT Contract Sequence # (CSN) Company Information Firm Name Consultant Project # Consultant Project #: Award Date (mm/dd/yy) Address Completion Date (mm/dd/yy) MaineDOT PIN: Vendor/Customer # Federal Project #: **Contract Total Straight Time \$** Firm Is DBE/WBE (yes/no) Project Title/Location: **Contract Total Overtime \$** Contract Total Expenses \$ (Work performed as specified) **Invoice Information** Invoice Date (mm/dd/yy) Consultant Invoice # MaineDOT Manager - Region 2 Invoice Start Date (mm/dd/yy) Invoice End Date (mm/dd/yy) COMMENTS: **Previously Invoiced Straight Time \$ Previously Invoiced Overtime \$ Previously Invoiced Total \$** Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => Overtime Straight/OT Straight Time Mileage Postage MaineDOT Phone Direct Total Delivery Individual - NAME, Title Work Total Travel Other Work THIS INVOICE <u>Amount</u> Expense Total PIN Rate **Amount** Rate Rate Amount Amount Printing <u>Unit</u> <u>Unit</u> Name 1, Title 1 000000.00 0.0000 0.0000 0.000 0.000 Name 2, Title 2 Name 3, Title 3

#### **Maine Department of Transportation** (Region 3) Sheet 2 Consultant Standard Invoice Detail - Region 3 Contract Information Final Invoice ? YES/NO => => State Contract # Company Information MaineDOT Contract Sequence # (CSN) Firm Name Consultant Project # Award Date (mm/dd/yy) Consultant Project #: Address MaineDOT PIN: Completion Date (mm/dd/yy) **Contract Total Straight Time \$** Vendor/Customer # Federal Project #: Firm Is DBE/WBE (yes/no) **Contract Total Overtime \$** Project Title/Location: **Contract Total Expenses \$** (Work performed as specified) **Invoice Information** Invoice Date (mm/dd/yy) Consultant Invoice # MaineDOT Manager - Region 3 Invoice Start Date (mm/dd/vv) Invoice End Date (mm/dd/yy) COMMENTS: **Previously Invoiced Straight Time \$ Previously Invoiced Overtime \$** Previously Invoiced Total \$ Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => Straight Time Overtime Straight/OT Mileage Postage MaineDOT Phone Direct Total Total Delivery Other Individual - NAME, Title Travel Work Work THIS INVOICE PIN Rate Amount Rate Amount Rate Amount FAX Expense Total Printing <u>Unit</u> <u>Unit</u> Amount 000000.00 Name 1, Title 1 0.000 0.0000 0.0000 Name 2, Title 2 Name 3, Title 3

#### **Maine Department of Transportation** (Region 4) Sheet 2 Consultant Standard Invoice Detail - Region 4 Contract Information Final Invoice ? YES/NO => => State Contract # MaineDOT Contract Sequence # (CSN) Company Information Firm Name Consultant Project # Consultant Project #: Award Date (mm/dd/yy) Address Completion Date (mm/dd/yy) MaineDOT PIN: Vendor/Customer # Federal Project #: **Contract Total Straight Time \$** Firm Is DBE/WBE (yes/no) Project Title/Location: **Contract Total Overtime \$** Contract Total Expenses \$ (Work performed as specified) **Invoice Information** Invoice Date (mm/dd/yy) Consultant Invoice # MaineDOT Manager - Region 4 Invoice Start Date (mm/dd/yy) Invoice End Date (mm/dd/yy) COMMENTS: **Previously Invoiced Straight Time \$ Previously Invoiced Overtime \$ Previously Invoiced Total \$** Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => Straight Time Overtime Mileage Postage MaineDOT Straight/OT Phone Direct Total Individual - NAME, Title Work Travel Delivery Other Work THIS INVOICE <u>Amount</u> **Total Amount** FAX Expense Total PIN Rate **Amount** Rate Rate Amount Printing <u>Unit</u> <u>Unit</u> Name 1, Title 1 000000.00 0.0000 0.0000 0.000 0.000 0.00 0.00 0.00 0.0 Name 2, Title 2 Name 3, Title 3

#### **Maine Department of Transportation** (Region 5) Sheet 2 Consultant Standard Invoice Detail - Region 5 Contract Information Final Invoice ? YES/NO => => State Contract # MaineDOT Contract Sequence # (CSN) Company Information Firm Name Consultant Project # Consultant Project #: Award Date (mm/dd/yy) Address Completion Date (mm/dd/yy) MaineDOT PIN: Vendor/Customer # Federal Project #: **Contract Total Straight Time \$** Firm Is DBE/WBE (yes/no) Project Title/Location: **Contract Total Overtime \$** Contract Total Expenses \$ (Work performed as specified) **Invoice Information** Invoice Date (mm/dd/yy) Consultant Invoice # MaineDOT Manager - Region 5 Invoice Start Date (mm/dd/yy) Invoice End Date (mm/dd/yy) COMMENTS: **Previously Invoiced Straight Time \$ Previously Invoiced Overtime \$ Previously Invoiced Total \$** Invoice Detail - Labor and Expenses: <= Burdened or Commercial Rate => <= Direct Expense Detail => Overtime Straight/OT Straight Time Mileage Postage MaineDOT Phone Direct Total Individual - NAME, Title Work Total Travel Delivery Other Work THIS INVOICE <u>Amount</u> FAX Expense Total PIN Rate **Amount** Rate Rate Amount Amount Printing <u>Unit</u> <u>Unit</u> Name 1, Title 1 000000.00 0.0000 0.0000 0.000 0.000 0.00 0.00 0.00 0.0 Name 2, Title 2 Name 3, Title 3

# **CONSULTANT LETTERHEAD**

# Maine Department of Transportation - Consultant Standard Invoice

**Invoice Date:** 

# PIN Detail

Consultant Name:		
Vendor/Customer #:	Consultant Project #:	
Consultant Invoice #:	MaineDOT PIN:	
Invoice Period:	Federal Project #:	
State Contract Number:	Project Title/Location:	
Contract Award Date:		
Contract Complete Date:		

PIN Total This Period	Sub Consultant Amount	Direct Expense Amount	Overtime Amount	PIN Coding Straight Function Activity Work			Federal Project Number Town Name(s)		MaineDOT PIN
11113 1 6110	Amount			Amount	Activity	. andidii		Hamber	
			0.00	0.00					00.00000
\$	\$0.00	\$0.00	\$0.00	\$0.00		VOICE AMO es Sheet 3b			
nt Total Ab Total on	SubConsultar Matches		Straight & Overtime Invoice Totals Above Match Those on Sheet 2of4						

# Sheet 3b of 4

Additional PIN Detail

Invoice Date:

State Contract Number: Consultant Project #: MaineDOT PIN: Federal Project #: Project Title/Location:

			PIN C	oding	Straight				
MaineDOT PIN	Federal Project Number	Town Name(s)	Function		VA/ I -	Overtime Amount	Direct Expense Amount	Sub Consultant Amount	PIN Total This Period

								Sheet	4a of 4
			CONSUL	TANT I F	TTERHE	AD			
			00,1002	.,,,,,		, 12			
	_			_				Invoice Date:	
	N	<i>l</i> laine Depa	artment of	Transpor	tation - Sta	andard Inv	/oice		
			<u>Sub</u>	Consultan	<u>t Detail</u>				
						Consulta	int Project #:		
Consultant Name:							neDOT PIN: ral Project #:		
Vendor/Customer #:							tle/Location:		
Consultant Invoice #: Invoice Period:									
State Contract Number: Contract Award Date:									
Contract Award Date: Contract Complete Date:									
Summary of DBE/WBE F	articipation	<u>15</u>							
Ī		_	Amo	unts This In	voice				
DBE/WBE - yes/no =>	*	*	*	*	*	*	*	Invoice Sub Total	Invoice
Subconsultants #1 - #7	Sub <sub>consulan</sub>	Heynes Hoshoons	Sub <sub>CONSUM</sub> AN	Subconsular	Subconsulant #5	Helm 9#	Subconsular	DBE/WBE	Sub Total All Subs
MaineDOT	, o *	**************************************	20 *	8, 8, *	80 *	60 *	, so	Subs Only #1-7	#1-7
PIN 000000.00	ගී 0.00	0.00	0.00	ගි 0.00	0.00	ග <u>ී</u> 0.00	0.00		
000000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
INVOICE TOTALS #1 - #7 Previously Invoiced									
Subcontract Amount									
Subcontract Balance					Invoice Total:	s Subconsul	tants #1- #14		
Total Contract Amount =						,			
		DBE Subcon	sultant Contra	act Amount =	<u>Val</u>	<u>ue</u>		centage DIV/0!	of Contract
	DBF	E Subconsulta	nt Program Co	ommitment =					of Program
								DIV/0! DIV/0!	of Contract of DBE Amount

Sheet 4b of 4

### **CONSULTANT LETTERHEAD**

Invoice Date:

### **Maine Department of Transportation - Standard Invoice**

### Sub Consultant Detail

### Summary of DBE/WBE Participation:

Contract Award Date: Contract Complete Date:

			Amo	unts This In	voice				
DBE/WBE - yes/no =>								Invoice	Invoice
Subconsultants #8 - #14 MaineDOT PIN	Subconsulari	Subconsutart *g #ant	Subconsuffer	Subconsular, #77	Subconsuffer	the HE THE STATE	Subconsulant #14	Sub Total DBE/WBE Subs Only #8-14	Sub Total All Subs #8-14
000000.00	0.00	0.00	0.00	0.00	0.00		0.00		
INVOICE TOTALS #8 - #14									
Previously Invoiced									
Subcontract Amount									
Subcontract Balance									

Yes/No

Yes

No